

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026740

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 1135

FILED JUL 30 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	a. STATE Iowa	b. COUNTY Pocahontas
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 619 W. Webster St.		c. CITY OR TOWN Laurens	d. STREET ADDRESS (If outside, give location) One mile south
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Virginia May McGee		Month Day Year July 21 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 39
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Charles C. McGee, Laurens, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line)		14. NAME OF HUSBAND OR WIFE Charles C. McGee	
PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH sudden	
IMMEDIATE CAUSE (a) Presumed to be natural causes			
DUE TO (b) UNATTENDED BY A PHYSICIAN			
DUE TO (c) Coroner of Greene County notified.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was attending the Jehovah's Witness	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Assembly being held here.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Laurens		COUNTY Iowa	
21. I attended the deceased from 9:45 P.M. to 9:45 P.M. and last saw him alive on 7-25-62		22. ADDRESS Laurens	
22a. SIGNATURE M.D. Greene		22c. DATE SIGNED 7-25-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/24/1962	23c. NAME OF CEMETERY OR CREMATORY Laurens Cemetery	23d. LOCATION (City, town, or county) Laurens Iowa
24. FUNERAL DIRECTOR Ralph Thieme Funeral Service		25. DATE RECD. BY LOCAL REG. 7-26-62	
26. REGISTRAR'S SIGNATURE Effie E. Meeton			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

(Licensed Embalmer's Statement on Reverse Side)

Permit 7-24-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Tubell

Licensed Embalmer No.

5079

P. O. Address

Spfld., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.